



**TOWN OF AMHERST
APPLICATION FOR A TAXI DRIVER/CHAUFFEUR
LICENSE**

To the Local Permit Agent:

Date: 11/13/2009

The undersigned hereby applies for a Taxi Driver/Chauffeur License in accordance with the provisions of the Statutes relating thereto:

NAME: Patrick Kayego

ADDRESS: 124 Meadow St

Amherst, MA 01089

TELEPHONE: 413-519-3381

NAME OF COMPANY FOR WHICH YOU WILL BE DRIVING TAXI: _____

Gottago Taxi

DATE OF BIRTH: 02/07/1985 SOCIAL SECURITY #: _____

HEIGHT: 6.2 WEIGHT: 190 HAIR: Black EYES: Black

DRIVER'S LICENSE #: _____

DATE OF EXPIRATION: 02-07-2013

I HAVE NOT BEEN CONVICTED OF A CRIME IN THE LAST FIVE (5) YEARS.

APPLICANT'S SIGNATURE: Patrick Kayego

APPROVED/NOT APPROVED: Scott P. Line Chief of Police Date: 11/18/2009

Date Approved/Denied: _____ License # _____

Remarks: _____

☆Please return this application to the Select Board's Office, 4 Boltwood Ave., Amherst, MA 01002